

**DOMESTIC
BUSINESS CORPORATION**

STATE OF MAINE

**REDOMESTICATION
OF FOREIGN INSURER
TO BECOME A MAINE INSURER**

Filing Fee \$80.00

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Corporation in Jurisdiction of Incorporation)

Pursuant to 13-A MRSA §1207-A.1., the undersigned corporation notifies the Secretary of State of the following:

FIRST: The name it proposes to use in the State of Maine, if different from its current name.

The corporation was originally incorporated in _____ (State) and the original date of incorporation was _____.

Please **check one** box. The original date of incorporation ☐ is **OR** ☐ is not the date of incorporation in Maine.

SECOND: The principal place of business in Maine is _____
(City or Town and County)

THIRD: The duration of its existence _____

FOURTH: The kinds of insurance, which the corporation is formed to transact: _____

FIFTH: **This Section Is To Be Completed Only By A STOCK CORPORATION. (See 24-A MRSA §3306)**

The authorized capital and the number of shares of stock into which it is divided

The extent, if any, which shares of its stock shall be subject to assessment _____

SIXTH: **This Section Is To Be Completed Only By A MUTUAL CORPORATION. (See 24-A MRSA §3306)**

The maximum contingent liability of its members, other than as to nonassessable policies, for payment of losses and expenses incurred.

The amount, if any, of its guaranty capital shares, the number and par value of shares into which it is divided, the voting and other rights of such shares, and the conditions under which such shares shall or may be retired by the corporation.

SEVENTH: The name of its Clerk, who must be a Maine resident, and the registered office shall be:

(name)

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

This Form MUST Be Accompanied By Form MBCA-18A (Acceptance of Appointment of Clerk 13-A MRSA §304.2-A.).

EIGHTH: The number of directors, not less than 3 _____.

NINTH: The names, addresses and terms of the members of the initial board of directors.

TENTH: This form must be accompanied by an original long-form certificate of good standing or its equivalent, executed not more than 90 days prior to the delivery of the application for filing, duly certified by the proper official of the previous state of domicile.

ELEVENTH: Other provisions. _____

DATED _____

*By _____
(signature)

(type or print name and capacity)

*By _____
(signature)

(type or print name and capacity)

NOTE: This form must be accompanied by the approval of the Superintendent of Insurance.

*This document MUST be signed by the **President** or a vice-president and the **Secretary** or an assistant secretary.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**